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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

مناشعه وشير

SUBJECT: TAYSON MARTIN MEMORIAL FOUNDATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	d a check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate	
		. ADDITIONAL C	OPY REQUIRED	
FROM:	M: Walter Sutton Name (Printed or typed)			
	PO Box 380579			
Address				
	Miami, FL 33138 City, State & Zip			
305-725-7262				
5660 Colles Airen Telephone number				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

jerryfabrics@bellsouth.net



RECEIVED 12 APR 19 PM 2: 04

FLORIDA DEPARTMENT OF STATE ION. OF CORPORATIONS Division of Corporations

April 9, 2012

WALTER SUTTON PO BOX 380579 MIAMI, FL 33138

SUBJECT: TAYSON MARTIN MEMORIAL FOUNDATION, INC.

Ref. Number: W12000019795

We have received your document for TAYSON MARTIN MEMORIAL FOUNDATION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Plaase noto change in spelling of first name of Corporation to,

Jessica A Fason Regulatory Specialist II

Letter Number: 212A00011367

TRAYVON MARTIN MEMORIAL FOUNDATION

www.sunbiz.org

	ARTICLES OF I		
na See	In compliance with Chapt	er 617, F.S., (No	of for Profit)
ARTICLE I	NAME Tayeda Martin Memor	ial Foundatio	on Inc
The name of the	corporation shall be:	iai i Ouridatio	on, mo.
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	5660 Collins Avenue		PO Box 380579
•	Unit 7-C		Miami, FL 33138
	Miami Beach, Fl 33140		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Dedicated to	helping American teenagers attain th	neir asniratio	ns without regard to racial athnicity
ARTICLE IV	MANNER OF ELECTION The manner in	which the direct	tars are elected and annointed:
	rectors have been duly elected by the		
ARTICLE V	•		RECIOIS
	INITIAL OFFICERS AND/OR DIRECTO Title: Walter Sutton, Chairman of the Boar		tle: Marc Liffner Secretary
Address:	PO Box 380579	Address:	PO Box 380579
	Miami, FL 33138		Miami. FL 33138
			
Name and	Title: lerome Uffner Treasurer	Name and Ti	itle:
Address:	PO Box 380579	Address:	
	Miami, FL 33138		
Name and '	Fitle:	Nome and Ti	
Address:	Title		tle:
7.1			
			
ARTICLE VI	REGISTERED AGENT		•
	orida street address (P.O. Box NOT acceptable) o	of the registered a	gent is:
Name:	Jerome Uffner	in the registered a	gent is:
Address:	5660 Collins Avenue	<u>-</u>	
	Miami Beach, FL 33140	_	— 93 Fina
A DONOL DE LOT	TATOODDOD 4 MOD		
ARTICLE VII	INCORPORATOR		CD , 1
Name:	Idress of the Incorporator is: Jerome Uffner		2:
Address:	PO Box 380579	-	22
Addiess.	Miami, FL 33138		Ti di
	Tymailli, 1 E 55 100		
Having been nan cartificata Lam 6	ned as registered agent to accept service of proce amiliar with an d accept t he appointment as register	ess for the above	e stated corporation at the place designated in thi
cernjicate, i um j	umutay with an u accept the appointment as register	reu agent ana ag	ree to act in this capacity
J	Luga Host		April 2, 2012
	Required Signature of Registered Agent		Date
L.	/ / //		
I submit this doci	ument atta affirm that the facts stated herein are t	rue. I am aware	that any false information submitted in a documen
to the Department	t of State fo <u>nstitutes a title de arge</u> fetony as provid	led for in s.817.1	55, F.S.
	1 Harrie Carry		4 "0 2010
· · · · · · · · · · · · · · · · · · ·	The state of the s		April 2, 2012
•	Required Signature of Incorporator		Date